2D01

Access DB# 98278

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: K. Weddington Examiner #: 68082 Date: 7-7-03
Art Unit: 1614 Phone Number 308-4650 Serial Number: 09/926,738
Mail Box and Bldg/Room Location: CM1-2A17 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need. mej

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Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: _____

Inventors (please provide full names): Giovanni Battista Colombo

_____

Earliest Priority Filing Date: _____

***For Sequence Searches Only* Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.**

Treating chlamydia pneumoniae infections with thiamphenicol

STIC Search Report
Biotech-Chem Library

STIC Database Tracking Number: 98278

TO: Kevin Weddington
Location: CM1/2A17/2D01
Art Unit: 1614
Tuesday, July 15, 2003

Case Serial Number: 926738

From: Mona Smith
Location: Biotech-Chem Library
CM1-6A01
Phone: 308-3278

mona.smith@uspto.gov

Search Notes

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Mona Smith
308-3278

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FILE COVERS 1907 - 15 Jul 2003  VOL 139 ISS 3
FILE LAST UPDATED: 14 Jul 2003  (20030714/ED)

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


=> d stat que
L1           25 SEA FILE=REGISTRY ABB=ON  THIAMPHENICOL/BI
L2          699 SEA FILE=HCAPLUS ABB=ON  L1 OR THIAMPHENICOL
L3            6 SEA FILE=HCAPLUS ABB=ON  L2 AND CHLAMYDIA


=> d ibib abs hitrn l3 1-6

L3   ANSWER 1 OF 6  HCAPLUS  COPYRIGHT 2003 ACS
ACCESSION NUMBER:        2002:576995  HCAPLUS
DOCUMENT NUMBER:         137:195051
TITLE:                   Recent clinical evidence of the efficacy and safety of
                         thiamphenicol glycinate acetylcysteinate and
                         thiamphenicol glycinate
AUTHOR(S):               Grassi, C.; De Benedetto, F.
CORPORATE SOURCE:        Postgraduate School for Respiratory Diseases,
                         University of Pavia, Pavia, I-27100, Italy
SOURCE:                  Journal of Chemotherapy (Firenze, Italy) (2002),
                         14(3), 279-284
                         CODEN: JCHEEU; ISSN: 1120-009X
PUBLISHER:               E.I.F.T. srl
DOCUMENT TYPE:           Journal
LANGUAGE:                English
AB   Thiamphenicol is a broad-spectrum antimicrobial agent active
     against penicillin-resistant Streptococcus pneumoniae, Staphylococcus
     aureus VISA strains, most methicillin-resistant isolates and atypical
     pathogens such as Mycoplasma pneumoniae and Chlamydia
     pneumoniae.  Thiamphenicol is present as glycinate hydrochloride
     (TG) and glycinate acetylcysteinate (TGA) esters in the parenteral and
     aerosol dosage form.  This multicenter, double-blind, randomized clin.
     trial aimed to evaluate the efficacy and tolerability of aerosol
     administration of TGA, compared to TG, in the treatment of acute and/or
     exacerbated infections of the respiratory tract.  Results showed that both
     treatments ameliorated the symptoms (frequency and severity of cough,
     difficulty in expectoration) assocd. with the evaluated pathologies, i.e.
```

tracheobronchitis, acute and exacerbated chronic bronchitis. The investigators rated both treatments Good or Very Good in 90% of patients at the end of treatment, with .mchlt.Very Good.mchgt. for patients treated with TGA (37%) compared to 28% of patients treated with TG. Both treatments were well tolerated with fewer than 5% of patients experiencing an adverse event.

IT **2393-92-2, Thiamphenicol** glycinate **20192-91-0**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**thiamphenicol** glycinate acetylcysteinate compared to **thiamphenicol** glycinate for treatment of acute and/or exacerbated respiratory infections)

REFERENCE COUNT: 19 THERE ARE 19 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 2 OF 6 HCAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2002:576994 HCAPLUS
DOCUMENT NUMBER: 137:134546
TITLE: An open, comparative pilot study of **thiamphenicol** glycinate hydrochloride vs clarithromycin in the treatment of acute lower respiratory tract infections due to **chlamydia** pneumoniae
AUTHOR(S): Todisco, T.; Eslami, A.; Baglioni, S.; Todisco, C.
CORPORATE SOURCE: Pulmonary and Critical Care Unit, R. Silvestrini Hospital, Perugia, 06132, Italy
SOURCE: Journal of Chemotherapy (Firenze, Italy) (2002), 14(3), 265-271
CODEN: JCHEEU; ISSN: 1120-009X
PUBLISHER: E.I.F.T. srl
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The aim of this study was to evaluate the efficacy and tolerability of **thiamphenicol** glycinate hydrochloride (TGH) i.m. vs. clarithromycin in acute lower respiratory infections due to **Chlamydia** pneumonia. 113 Patients with suspected pneumonia were screened. 40 Patients with IgM and/or IgA titers .gtoreq.1:16 and/or IgG titers .gtoreq.1:512 were assigned to 10 days of treatment with TGH 1500 mg daily or clarithromycin 1000 mg daily. 34 Patients were considered a clin. success. 33 Patients were a radiol. success. 22 Patients showed a decrease in IgG values. 3 Patients had an increase in IgG values. Blood/urine values presented no clin. significant variations. Clin. efficacy was similar in both treatment groups. These are the first results confirming in vivo the recent in vitro evidence that TGH is effective against acute lower respiratory tract infections due to C. pneumoniae, thus representing an alternative therapy to clarithromycin.

IT **2611-61-2, Thiamphenicol** glycinate hydrochloride
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**thiamphenicol** glycinate hydrochloride vs clarithromycin in treatment of acute lower respiratory tract infections due to **chlamydia** pneumoniae)

REFERENCE COUNT: 49 THERE ARE 49 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 3 OF 6 HCAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2001:762809 HCAPLUS
DOCUMENT NUMBER: 135:298756
TITLE: **Thiamphenicol** and derivatives for the

treatment of **Chlamydia** pneumoniae infections
INVENTOR(S): Colombo, Giovannibattista; Ungheri, Domenico; Licciardello, Luciano; Gismondo, Mariarita; Drago, Lorenzo
PATENT ASSIGNEE(S): Zambon Group S.p.A., Italy
SOURCE: PCT Int. Appl., 7 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2001076585	A2	20011018	WO 2001-EP3709	20010402
WO 2001076585	A3	20020328		
W: JP, US				
RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR				
IT 2000MI0776	A1	20011011	IT 2000-MI776	20000411
EP 1212049	A2	20020612	EP 2001-940275	20010402
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
US 2003100614	A1	20030529	US 2001-926738	20011211

PRIORITY APPLN. INFO.: IT 2000-MI776 A 20000411
WO 2001-EP3709 W 20010402

AB **Thiamphenicol** and derivs. are useful for the treatment of C. pneumoniae infections is described. Thus, **thiamphenicol** glycinate acetylcysteinate at 0.03-0.25 .mu.g/mL was the most active of the antibiotics against C. pneumoniae infections.

IT **2393-92-2**, **Thiamphenicol** glycinate **2611-61-2**, **Thiamphenicol** glycinate hydrochloride **15318-45-3**, **Thiamphenicol 20192-91-0**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(**thiamphenicol** and derivs. thereof for treatment of **Chlamydia** pneumoniae infections)

L3 ANSWER 4 OF 6 HCAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 2001:284762 HCAPLUS
DOCUMENT NUMBER: 135:31139
TITLE: Antimicrobial activity of **thiamphenicol** glycinate acetylcysteinate and other drugs against **Chlamydia** pneumoniae
AUTHOR(S): Lombardi, Alessandra; Drago, Lorenzo; De Vecchi, Elena; Mombelli, Barbara; Gismondo, Maria Rita
CORPORATE SOURCE: Laboratory of Clinical Microbiology, "L. Sacco" Teaching Hospital, University of Milan, Milan, Italy
SOURCE: Arzneimittel-Forschung (2001), 51(3), 264-267
CODEN: ARZNAD; ISSN: 0004-4172
PUBLISHER: Editio Cantor Verlag
DOCUMENT TYPE: Journal
LANGUAGE: English

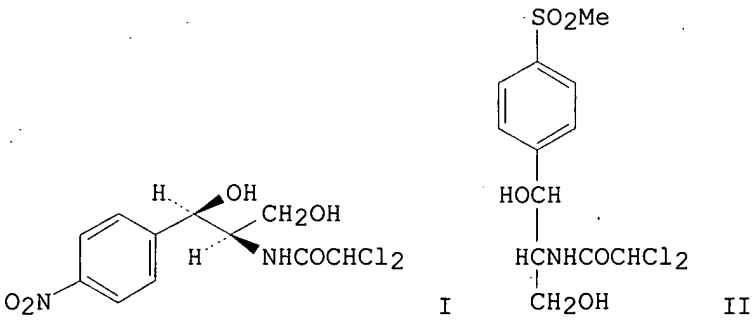
AB **Chlamydia** pneumoniae is responsible for respiratory tract infections of both upper and lower respiratory tract. Although this bacterium is one of the most wide-spread pathogens of man, there are limited data on the antibiotic treatment of C. pneumoniae infections. The aim of this study has been to evaluate the in vitro activity of

thiamphenicol glycinate acetylcysteinate (TGA, CAS **20192-91-0**) in comparison with mols. with established activity against C. pneumoniae, as well as macrolides and quinolones. The results have shown that TGA and clarithromycin (CAS 81103-11-9) are the most active drugs tested, but it is important to underline that the minimal inhibitory concn. (MIC) ranges of TGA are very much lower than the break-point of **thiamphenicol** for the respiratory pathogens. In conclusion, the good antimicrobial in vitro activity of TGA against C. pneumoniae together with its in vivo characteristics, in particular the high concn. reached in lung and the combination with the mucolytic agent N-acetylcysteine (NAC, CAS 616-91-1), can make a valid choice in the treatment of respiratory tract infections caused by C. pneumoniae. These findings need further evaluation by clin. studies.

IT **20192-91-0**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(antimicrobial activity of **thiamphenicol** glycinate acetylcysteinate and other drugs against **Chlamydia** pneumoniae)

REFERENCE COUNT: 19 THERE ARE 19 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 5 OF 6 HCAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1982:135395 HCAPLUS
DOCUMENT NUMBER: 96:135395
TITLE: Effects of chloramphenicol and **thiamphenicol** on the outcome of **Chlamydia** psittaci infection in chick embryo
AUTHOR(S): Allegri, G.; Lucidi, E.; Marca, G.; Borgogelli, E.
CORPORATE SOURCE: Inst. Infect. Dis., Sch. Vet. Med., Parma, I-43100, Italy
SOURCE: Chemotherapy (Basel, Switzerland) (1982), 28(2), 119-28
CODEN: CHTHBK; ISSN: 0009-3157
DOCUMENT TYPE: Journal
LANGUAGE: English
GI



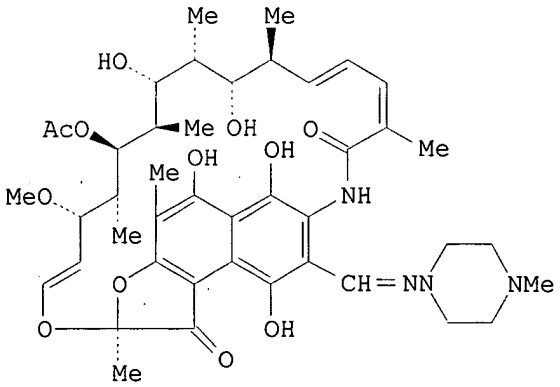
I II

AB The effects of chloramphenicol (CAP)(I) [56-75-7] and **thiamphenicol** (TAP)(II) [**15318-45-3**] on the outcome of C. psittaci infection in chick embryos were compared. CAP administered simultaneously with **Chlamydia** reduced embryo mortality rates, but showed no appreciable effects when its injection was delayed. On the

contrary, TAP caused a high rate of embryo survival in both exptl. situations. The differences in the survival rates following CAP and TAP administration were statistically significant. Metab. studies indicated that CAP undergoes a quicker inactivation than TAP, which may explain the better activity of TAP.

IT **15318-45-3**
RL: BIOL (Biological study)
(**Chlamydia** psittaci infection in embryo response to, chloramphenicol and metab. in relation to)

L3 ANSWER 6 OF 6 HCAPLUS COPYRIGHT 2003 ACS
ACCESSION NUMBER: 1979:604987 HCAPLUS
DOCUMENT NUMBER: 91:204987
TITLE: Activity of antimicrobials against **Chlamydia** trachomatis in vitro
AUTHOR(S): Ridgway, G. L.; Oriel, J. D.
CORPORATE SOURCE: Univ. Coll. Hosp., London, WC1E 6AU, UK
SOURCE: Journal of Antimicrobial Chemotherapy (1979), 5(4), 483-4
CODEN: JACHDX; ISSN: 0305-7453
DOCUMENT TYPE: Journal
LANGUAGE: English
GI



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AB In vitro, C. trachomatis was inhibited by rifampicin (I) [13292-46-1], DL 473 [71950-35-1], minocycline [10118-90-8], oxytetracycline [79-57-2], rosamicin [35834-26-5], and erythromycin [114-07-8], the minimal inhibitory concns. (MIC) being 0.007, 0.06, 0.03, 0.06, 0.015, and 0.06 mg/L, resp. **Thiamphenicol** [**15318-45-3**] was less active against C. trachomatis (MIC, 0.5 mg/L), whereas chloramphenicol [56-75-7], fusidic acid [6990-06-3], mecillinam [32887-01-7], cephaloridine [50-59-9], cefuroxime [55268-75-2], and cefotaxime [63527-52-6] were poorly active and will have no place in the therapy of chlamydial infections.

IT **15318-45-3**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(**Chlamydia** trachomatis sensitivity to)

Searched by M. Smith

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show files
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File   5:Biosis Previews(R) 1969-2003/Jul W1
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File  35:Dissertation Abs Online 1861-2003/Jun
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File 345:Inpadoc/Fam.& Legal Stat 1968-2003/UD=200327
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Set     Items   Description
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S2         66   RD (unique items)
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 2/AB/1     (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.

14196822   22115528   PMID: 12120883
   Recent clinical evidence of the efficacy and safety of thiamphenicol
 glycinate acetylcysteinate and thiamphenicol glycinate.
  Grassi C; De Benedetto F; et al
  Postgraduate School for Respiratory Diseases-University of Pavia, Italy.
tisiolmm@ipv36.unipv.it
  Journal of chemotherapy (Florence, Italy) (Italy) Jun 2002, 14 (3)
 p279-84, ISSN 1120-009X Journal Code: 8907348
  Document type: Clinical Trial; Journal Article; Multicenter Study;
Randomized Controlled Trial
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record type: Completed
    Thiamphenicol is a broad-spectrum antimicrobial agent active against
penicillin-resistant Streptococcus pneumoniae, Staphylococcus aureus VISA
strains, most methicillin-resistant isolates and atypical pathogens such as
Mycoplasma pneumoniae and Chlamydia pneumoniae). Thiamphenicol is
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present as glycinate hydrochloride (TG) and glycinate acetylcysteinate (TGA) esters in the parenteral and aerosol dosage form. This multicenter, double-blind, randomized clinical trial aimed to evaluate the efficacy and tolerability of aerosol administration of TGA, compared to TG, in the treatment of acute and/or exacerbated infections of the respiratory tract. Results showed that both treatments ameliorated the symptoms (frequency and severity of cough, difficulty in expectoration) associated with the evaluated pathologies, i.e. tracheobronchitis, acute and exacerbated chronic bronchitis. The investigators rated both treatments Good or Very Good in 90% of patients at the end of treatment, with "Very Good" for patients treated with TGA (37%) compared to 28% of patients treated with TG. Both treatments were well tolerated with fewer than 5% of patients experiencing an adverse event.

2/AB/2 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

14196820 22115526 PMID: 12120881
An open, comparative pilot study of thiamphenicol glycinate hydrochloride vs clarithromycin in the treatment of acute lower respiratory tract infections due to Chlamydia pneumoniae.
Todisco T; Eslami A; Baglioni S; Todisco C; et al
Pulmonary and Critical Care Unit, R. Silvestrini Hospital, Perugia, Italy. tommaso.todisco@ospedale.perugia.it
Journal of chemotherapy (Florence, Italy) (Italy) Jun 2002, 14 (3) p265-71, ISSN 1120-009X Journal Code: 8907348
Document type: Clinical Trial; Controlled Clinical Trial; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The aim of this study was to evaluate the efficacy and tolerability of thiamphenicol glycinate hydrochloride (TGH) i.m. versus clarithromycin in acute lower respiratory infections due to Chlamydia pneumonia. 113 patients with suspected pneumonia were screened. 40 patients with IgM and/or IgA titers > or = 1:16 and/or IgG titers > or = 1:512 were assigned to 10 days of treatment with TGH 1500 mg daily or clarithromycin 1000 mg daily. 34 patients were considered a clinical success. 33 patients were a radiological success. 22 patients showed a decrease in IgG values. 3 patients had an increase in IgG values. Blood/urine values presented no clinically significant variations. Clinical efficacy was similar in both treatment groups. These are the first results confirming in vivo the recent in vitro evidence that TGH is effective against acute lower respiratory tract infections due to C. pneumoniae, thus representing an alternative therapy to clarithromycin.

2/AB/3 (Item 3 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

10319955 96122191 PMID: 8547415 Record Identifier: 109270; 00248021
Epidemic spread of plasmid-mediated tetracycline resistant Neisseria gonorrhoeae in Zaire.
Van Dyck E; Laga M; Manoka A T; Behets F; Piot P
Division of Microbiology, Institute of Tropical Medicine, Antwerp, Belgium.
International journal of STD & AIDS (ENGLAND) Sep-Oct 1995, 6 (5) p345-7, ISSN 0956-4624 Journal Code: 9007917
TJ: INTERNATIONAL JOURNAL OF STD & AIDS.
Document type: Journal Article

Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: PIP; POP
Abstract Source: PIP
Record type: Completed

A cohort of 650 prostitutes from Kinshasa, Zaire, was followed at monthly intervals for sexually transmitted diseases as part of an HIV intervention project. Neisseria gonorrhoeae isolates, obtained during a period of 30 months, were auxotyped, serotyped and tested for antimicrobial susceptibility. Among 1085 gonococcal isolates tested, 725 (67%) produced beta-lactamase (PPNG) and 323 (30%) showed plasmid-mediated resistance to tetracyline (TRNG). Over time, the prevalence of PPNG varied between 60 and 73%, while the level of TRNG increased from 11 to 45%.

During May 1988-October 1990 in Zaire, Neisseria gonorrhoeae isolates were obtained from 650 initially HIV-negative prostitutes in Kinshasa who were followed monthly for 30 months. After conservation of the gonococci, the N. gonorrhoeae isolates were then transported to the Institute of Tropical Medicine in Antwerp, Belgium, to test for antimicrobial resistance, especially tetracycline resistant isolates of N. gonorrhoeae. Among the 1085 isolates, 67% were resistant to penicillin (i.e., penicillinase producing N. gonorrhoeae [PPNG]). 30% exhibited plasmid-mediated resistance to tetracycline (TRNG). 37% were resistant to thiamphenicol . Thiamphenicol resistance was more common in non-TRNG isolates than TRNG isolates (49% vs. 8%; p 0.0001). The frequency of TRNG among PPNG isolates was higher than it was among non-PPNG isolates (37% vs. 16%; p 0.001). PPNG prevalence ranged from 60% to 73%. TRNG prevalence increased steadily from 11% to 45% during the 30-month period. Both TRNG and PPNG isolates were significantly associated with the auxotype/serovar class Pro-/IA-6 (p 0.0001 and p = 0.0002, respectively). They were also associated with growth inhibition by 0.25 mM phenylalanine (p 0.0001 and p = 0.001, respectively). The number of different TRNG auxotype/serovar classes ranged from 6 to 13. It has been suggested that tetracycline use to control gonorrhea in the US and in the Netherlands increased the frequency and spread of TRNG. Only spectinomycin and ciprofloxacin were used to treat gonorrhea in this study. Yet, tetracycline was prescribed for genital Chlamydia trachomatis infection, which many of the prostitutes had. Also, males self-medicate for urethritis with tetracycline. Populations with a high incidence of gonococcal infections may experience an epidemic spread of TRNG.

2/AB/4 (Item 4 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

09432580 21200611 PMID: 11304944

Antimicrobial activity of thiamphenicol -glycinate-acetylcysteinate and other drugs against Chlamydia pneumoniae.

Lombardi A; Drago L; De Vecchi E; Mombelli B; Gismondo M R
Laboratory of Clinical Microbiology, L. Sacco Teaching Hospital, University of Milan, Milan, Italy.

Arzneimittel-Forschung (Germany) 2001, 51 (3) p264-7, ISSN 0004-4172 Journal Code: 0372660
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

Chlamydia pneumoniae is responsible for respiratory tract infections of both upper and lower respiratory tract. Although this bacterium is one of the most wide-spread pathogens of man, there are limited data on the antibiotic treatment of C. pneumoniae infections. The aim of this study has been to evaluate the in vitro activity of thiamphenicol glycinate

acetylcysteinate (TGA, CAS 20192-91-0) in comparison with molecules with established activity against C. pneumoniae, as well as macrolides and quinolones. The results have shown that TGA and clarithromycin (CAS 81103-11-9) are the most active drugs tested, but it is important to underline that the minimal inhibitory concentration (MIC) ranges of TGA are very much lower than the breakpoint of thlamphenicol for the respiratory pathogens. In conclusion, the good antimicrobial in vitro activity of TGA against C. pneumoniae together with its in vivo characteristics, in particular the high concentration reached in lung and the combination with the mucolytic agent N-acetylcysteine (NAC, CAS 616-91-1), can make a valid choice in the treatment of respiratory tract infections caused by C. pneumoniae. These findings need further evaluation by clinical studies.

2/AB/5 (Item 5 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

06049843 89064848 PMID: 3143587
In vitro activity of florphenicol.
Graham R; Palmer D; Pratt B C; Hart C A
Department of Medical Microbiology, University of Liverpool, UK.
European journal of clinical microbiology & infectious diseases - official publication of the European Society of Clinical Microbiology (GERMANY, WEST) Oct 1988, 7 (5) p691-4, ISSN 0934-9723
Journal Code: 8804297
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Florphenicol was active at a lower concentration than chloramphenicol against over half of 234 recent clinical bacterial isolates. The majority (98%) of the isolates were inhibited by florphenicol at a concentration of 8 mg/l or less. Florphenicol was particularly effective against chloramphenicol resistant strains of Haemophilus influenzae. Klebsiella aerogenes and Bacteroides spp. Florphenicol was bacteristatic for salmonellae and Escherichia coli but bactericidal for Haemophilus influenzae. Florphenicol was slightly more active than chloramphenicol against Chlamydia trachomatis, Mycoplasma hominis and Mycoplasma pneumoniae but less active against Ureaplasma urealyticum.

2/AB/6 (Item 6 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

04809578 85115815 PMID: 6441287
Acute salpingitis and thiamphenicol : a microbiologic and therapeutic study.
Kunz J; Macciocchi A
Sexually transmitted diseases (UNITED STATES) Oct-Dec 1984, 11 (4 Suppl) p449-53, ISSN 0148-5717 Journal Code: 7705941
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Eighty-five sexually active women with clinically suspected adnexitis and illness severe enough to require hospitalization were studied. The clinical diagnosis, based on anamnestic data and physical and pelvic examination, was confirmed by laparoscopy and by cultures for aerobic and anaerobic bacteria and for Chlamydia in both cervical canal and intraperitoneal secretions. A ten-day course of thiamphenicol was begun on an empirical

basis after laparoscopy. The results showed that fever, an elevated erythrocyte sedimentation rate, and leukocytosis are unreliable diagnostic parameters and that laparoscopy in conjunction with microbial cultures is the only method by which a definite etiologic diagnosis can be established. Positive results of cultures of specimens from the cervical canal are sufficient for the diagnosis of infection due to Neisseria gonorrhoeae, whereas positive culture results for specimens from the intraperitoneal cavity are necessary for the diagnosis of infection caused by Chlamydia trachomatis. Primary treatment with thiamphenicol was successful in 77 (91%) of the 85 patients. Thus, thiamphenicol proved to be effective in the treatment of acute adnexitis.

2/AB/7 (Item 7 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

04809576 85115813 PMID: 6523325
Thiamphenicol for treatment of salpingitis.
Vige P M; Henrion R M
Sexually transmitted diseases (UNITED STATES) Oct-Dec 1984, 11 (4 Suppl) p441-3, ISSN 0148-5717 Journal Code: 7705941
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
During a six-month period, 27 women with acute salpingitis diagnosed by laparoscopy were treated with thiamphenicol . Bacterial cultures and serologic tests for syphilis and Chlamydia trachomatis infection were systematically performed before treatment. Patients were assigned to one of two treatment groups. Treatment on the day of surgery was the same for both groups: 1.5 g of iv thiamphenicol immediately after laparoscopy and 0.75 g im 12 hr later. The first group received 0.75 g im twice daily thereafter for six days, while the second group received 0.5 g orally three times daily during the same period. Treatment with 0.5 g orally every 8 hr was initiated for an additional 14 days in the 13 patients in whom C. trachomatis was identified. Follow-up examination included clinical and laboratory tests and laparoscopy. Therapy was successful in 20 of the 27 patients, and there were no significant differences between the two treatment groups. Thiamphenicol is well tolerated at this dosage and appears to be an excellent treatment for acute salpingitis.

2/AB/8 (Item 8 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

04809574 85115811 PMID: 6441286
Activity of thiamphenicol against Chlamydia trachomatis and Neisseria gonorrhoeae.
Ridgway G L; Felmingham D; Mumtaz G; O'Hare M
Sexually transmitted diseases (UNITED STATES) Oct-Dec 1984, 11 (4 Suppl) p432-4, ISSN 0148-5717 Journal Code: 7705941
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The in-vitro activity of thiamphenicol against Neisseria gonorrhoeae was compared with that of penicillin. A total of 267 isolates were tested. All strains were inhibited by less than or equal to 4.0 micrograms of thiamphenicol /ml. However, the minimal inhibitory concentration of thiamphenicol was fourfold higher (MIC90 = 2.0 micrograms/ml) for

beta-lactamase-producing strains or those moderately resistant to penicillin than for penicillin-sensitive strains (MIC90 = 0.5 micrograms/ml). The MIC of thiamphenicol for Chlamydia trachomatis was determined for a control strain and for 15 recent clinical isolates. The MIC90 for thiamphenicol was 1.0 micrograms/ml, as compared with a MIC90 of oxytetracycline of 0.12 micrograms/ml against the same isolates.

2/AB/9 (Item 9 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

04809566 85115803 PMID: 6441283
Treatment of Neisseria gonorrhoeae infections in men with single-dose thiamphenicol .
Oriel J D; Loo P; Felmingham D
Sexually transmitted diseases (UNITED STATES) Oct-Dec 1984, 11 (4 Suppl) p410-3, ISSN 0148-5717 Journal Code: 7705941
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
A group of 50 men with uncomplicated gonococcal infections were treated with single, oral doses of 2.5 g of thiamphenicol . Reexamination, which included culture for Neisseria gonorrhoeae, was performed three to four days and seven days after treatment. Thirty-two (91%) of 35 men with urethral infections, 13 (87%) of 15 with rectal infections, and four (57%) of seven with pharyngeal infections were cured. None of the men from whom N. gonorrhoeae was reisolated admitted further sexual exposure. Treatment failure did not correlate with decreased sensitivity of the isolates to thiamphenicol in vitro. Three men had urethral infections with Chlamydia trachomatis before therapy, and the organism was reisolated after therapy in every case. No hematologic abnormalities occurred in any of the 50 patients treated with thiamphenicol , but 13 (26%) developed adverse gastrointestinal symptoms.

2/AB/10 (Item 10 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

04809555 85115792 PMID: 6240784
Introductory address: gonorrhea today.
Stolz E
Sexually transmitted diseases (UNITED STATES) Oct-Dec 1984, 11 (4 Suppl) p373-5, ISSN 0148-5717 Journal Code: 7705941
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The counterattack to the resurgence of one of the commonest infectious diseases, gonorrhea, still consists of epidemiologic measures, correct clinical and microbiological diagnosis, and effective treatment. Few antibiotics effective against Neisseria gonorrhoeae fulfill the criteria of the World Health Organization (i.e., the antibiotic should be effective, safe, free from side effects, capable of aborting simultaneously acquired or coexisting infection with Treponema pallidum or Chlamydia trachomatis, should entail a low incidence of postgonococcal urethritis, and should not be the sole antibiotic used for other, more serious conditions). Therefore, current attention is focused on the use of thiamphenicol for the treatment of uncomplicated urogenital, rectal, and oropharyngeal gonorrhea caused by both beta-lactamase-producing and non-beta-lactamase-producing

Neisseria gonorrhoeae.

2/AB/11 (Item 11 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

03774241 82185747 PMID: 7075324
Effects of chloramphenicol and thiamphenicol on the outcome of Chlamydia psittaci infection in chick embryo.
Allegri G; Lucidi E; Marca G; Borgogelli E
Chemotherapy (SWITZERLAND) 1982, 28 (2) p119-28, ISSN 0009-3157
Journal Code: 0144731
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
The effects of chloramphenicol (CAP) and thiamphenicol (TAP) on the outcome of Chlamydia psittaci infection in chick embryos were compared. CAP administered along with Chlamydia reduced embryo mortality rates but showed no appreciable effects when its injection was delayed. On the contrary, TAP caused a high rate of embryo survival in both experimental situations. Statistical analysis of the results showed that differences in the survival rates following CAP and TAP administration are significant. Metabolic pathways in chick embryos of the antibiotics assayed differed remarkably in that CAP undergoes a quicker inactivation, which could even justify the better activity showed by TAP.

2/AB/12 (Item 12 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

03143555 80066407 PMID: 116707
Single-dose minocycline in the treatment of gonococcal urethritis. Clinical efficacy in relation to bacterial resistance and its effects on associated Chlamydia trachomatis infections.
Waterworth P M; Oriel J D; Ridgway G L; Subramanian S
British journal of venereal diseases (ENGLAND) Oct 1979, 55 (5) p343-7, ISSN 0007-134X Journal Code: 0421042
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Seventy-two men with gonococcal urethritis were given a single 300-mg dose of minocycline. The failure rate was 13% and the trial was terminated at an early stage. Failure was correlated with increased resistance of Neisseria gonorrhoeae to minocycline. The activity of penicillin, spectinomycin, erythromycin, tetracycline, sulphamethoxazole, cefuroxime, cefotaxime, rosamicin, thiamphenicol , and piperacillin against N. gonorrhoeae were examined in vitro. With the exception of spectinomycin, parallel patterns of resistance to the other antibiotics and minocycline were found. Resistance to spectinomycin was not found, confirming the usefulness of this antibiotic in the treatment of gonorrhoea. The incidence of PGU was significantly lower after a single dose of minocycline than in previous studies.

2/AB/13 (Item 13 from file: 155)
DIALOG(R)File 155:MEDLINE(R)

02717478 78145800 PMID: 638714
Chlamydial infection of the urethra in men.
Perroud H M; Miedzybrodzka K
British journal of venereal diseases (ENGLAND) Feb 1978, 54 (1) p45-9, ISSN 0007-134X Journal Code: 0421042
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

Chlamydia trachomatis was isolated from the uretha of 125 (52%) of 238 men with non-gonococcal urethritis (NGU). Repeat isolation attempts in 155 of these patients were successful in eight men in whom results had been negative on the initial visit, but they were unsuccessful in eight men who initially had had positive cultures. We must assume that with our present isolation techniques we are missing, at any single visit, at least 9% of chlamydial infections. C. trachomatis was also found in 32 (23%) of 139 men with gonorrhoea. Positive cultures were obtained from 15 (79%) of 19 men, who later developed post-gonococcal urethritis (PGU). Thiamphenicol , used for the treatment of gonorrhoea, was shown to have very little effect on C. trachomatis, which could still be recovered after treatment in 76% of the patients who initially had had a combined infection. The typing of 35 genital isolates by micro-immunofluorescence confirms the previously reported distribution of chlamydial serotypes. In this study a social profile is given of our patients with urethritis and a comparison is made of the duration of symptoms and the nature of discharge in men with gonococcal, chlamydial, and non-specific urethritis. We were able to show a clear difference in clinical symptoms in men with gonorrhoea and NGU, taken as a whole, but found only a slight difference between men with chlamydial and non-specific urethritis.

2/AB/14 (Item 1 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

14240274 BIOSIS NO.: 200300234303
In vitro antibiotic activity against Chlamydia pneumoniae clinical isolates.
AUTHOR: Blasi F(a); Drago L; Gismondo M R; Cosentini R; Tarsia P; Valenti V ; Capone P; Allegra L
AUTHOR ADDRESS: (a)Istituto di Tisiologia e Malattie dell'Apparato Respiratorio, Pad. Litta, IRCCS Ospedale Maggiore di Milano, Universita degli Studi di Milano, Via F. Sforza 35, 20122, Milano, Italy**Italy
E-Mail: francesco.blasi@unimi.it
JOURNAL: Journal of Chemotherapy 15 (1):p93-94 February 2003 2003
MEDIUM: print
ISSN: 1120-009X
DOCUMENT TYPE: Letter
RECORD TYPE: Citation
LANGUAGE: English
2003

2/AB/15 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

08933090 BIOSIS NO.: 199396084591
Effectiveness of norfloxacin and ofloxacin for treatment of gonorrhoea and decrease of in vitro susceptibility to quinolones over time in Rwanda.
AUTHOR: Bogaerts Jos; Tello Waldina Martinez; Akingeneye Jeannete; Mukantabana Veronique; Van Dyck Eddy; Piot Peter

AUTHOR ADDRESS: Dep. Infect. Immunity, Div. Microbiol., Inst. Tropical Med., Nationalestraat 155, 2000 Antwerp**Belgium
JOURNAL: Genitourinary Medicine 69 (3):p196-200 1993
ISSN: 0266-4348
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: To study the effectiveness of single-dose norfloxacin and ofloxacin in the treatment of gonococcal urethritis in men, and to monitor in vitro antimicrobial susceptibility to these antibiotics over time. Setting: Centre Medico-Social de Bilyogo, Kigali, Rwanda. The only clinic in Rwanda using quinolones for the treatment of gonorrhoea. Method: As part of a monitoring programme, men with gonococcal urethritis were evaluated after treatment with norfloxacin (800 mg) in 1986 and 1987, and after treatment with ofloxacin (400 mg) in 1989. Results: Neisseria gonorrhoeae was eradicated from the urethra from 96.0% (189/197) and from 97.1% (166/171) men treated with norfloxacin and ofloxacin, respectively. Overall 38.2% of the pretreatment isolates produced penicillinase (PPNG isolates) and 20.4% (44/216) of the tested non-PPNG isolates were chromosomally resistant to penicillin (MIC gtoreq 2.0 mg/l). Resistance to tetracycline and thiamphenicol was common in both PPNG and non-PPNG and increased considerably in 1989. All isolates were susceptible to kanamycin, spectinomycin, ceftiaxone, norfloxacin, ofloxacin and ciprofloxacin. However, a higher number of isolates recovered in 1989 showed decreased susceptibility to the quinolones. Treatment failure occurred more often in subjects with isolates having MIC values gtoreq 0.06 mg/L of norfloxacin (p = 0.006). Seven out of 13 patients who did not respond to therapy had no signs nor symptoms of urethritis. Conclusions: Quinolone antibiotics are now indicated as a first line treatment of gonorrhoea in countries with a problem of antimicrobial multiresistance. However, antimicrobial susceptibility to the quinolones may decrease rapidly, and close monitoring of the in vitro susceptibility of N. gonorrhoeae and the clinical effectiveness of the antibiotics is imperative.

1993

2/AB/16 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

06258824 BIOSIS NO.: 000086093007
ACUTE PELVIC INFLAMMATORY DISEASE ETIOLOGY AND TREATMENT
AUTHOR: PASSOS M R L; ROCA W; SOUZA NETO B A D; SOUZA E T D
AUTHOR ADDRESS: RUA 5 DE JULHO, 281-ICARAI, 24220-NITEROI-RJ.
JOURNAL: J BRAS GINECOL 98 (4). 1988. 193-195. 1988
FULL JOURNAL NAME: Jornal Brasileiro de Ginecologia
CODEN: JBGCA
RECORD TYPE: Abstract
LANGUAGE: PORTUGUESE

ABSTRACT: It is presented the study of 21 female patients with pelvic inflammatory disease. Patients were treated with 2.5 g thiamphenicol granules dissolved in a glass of water by the oral route, repeating the dose after 12 hours, followed by 500 milligrams oral thiamphenicol (2 capsules) every 8 hours for a total of 10 days of treatment. In 4 patients with IUD this device was removed before treatment. The bacteria more usually found in endocervix has been Neisseria gonorrhoeae. Clinical and bacteriological recovery was obtained in 20 cases (95.2%). The only therapeutic failure was of a patient with Chlamydia trachomatis who had

a history of acute salpingitis 10 months before. In 16 patients (76.1%) remission of painful symptoms occurred in 72 hours.

1988

2/AB/17 (Item 4 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

06050258 BIOSIS NO.: 000085013407
CERVICO-VAGINAL INFECTIONS TREATMENT WITH THIAMPHENICOL
AUTHOR: ANGERAMI I M L; AZEVEDO E M M D; BELDA W; SIQUEIRA L F D G; FONSECA A M D; SALVATORE C A
AUTHOR ADDRESS: TRABALHO REALIZADO NA CLINICO GINECOL. DA FMUSP.
JOURNAL: J BRAS GINECOL 97 (7). 1987. 363-366. 1987
FULL JOURNAL NAME: Jornal Brasileiro de Ginecologia
CODEN: JBGCA
RECORD TYPE: Abstract
LANGUAGE: PORTUGUESE

ABSTRACT: It is related the study of 29 patients who had cervico-vaginal infection and pelvic pain. They were given thiamphenicol orally in the total amount of 15 g, divided as follows: 2.5 g in the first and the second day of treatment and 1 g each day for the following 10 days. Both patients and partners received the treatment. Patients were submitted to clinical and laboratorial examination. The latter consisted in study of vaginal secretion by Gram stain; Trichomonas research; specific culture for aerobic and anaerobic bacteria, Chlamydia and Mycoplasma. The tests were carried out before and 30 days after treatment. The results showed that: (1) vaginal secretion and pelvic pain disappeared in 27 (93.1%) and 23 (79.3%) cases, respectively; (2) gynecologic examination confirmed clinical improvement and (3) laboratorial results were according to clinical findings after treatment. The authors concluded on the effectiveness of treatment with thiamphenicol in cervico-vaginal infections of several etiologies.

1987

2/AB/18 (Item 5 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

05871334 BIOSIS NO.: 000034094483
SEXUALLY TRANSMITTED DISEASES IN ITALY
AUTHOR: ALESSI E
AUTHOR ADDRESS: 1 CLINICA DI DERMATOLOGIA UNIVERSITA, VIA PACE 9, 20122 MILANO, ITALIA.
JOURNAL: SCLAVO INTERNATIONAL CONFERENCE ON BACTERIAL VACCINES AND LOCAL IMMUNITY, SIENA, ITALY, NOVEMBER 17-19, 1986. ANN SCLAVO 0 (1-2). 1986 (1987). 367-376. 1986 1987
CODEN: ASCLA
RECORD TYPE: Citation
LANGUAGE: ENGLISH
1986 1987

2/AB/19 (Item 6 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)

04439735 BIOSIS NO.: 000028072776
GONORRHEA TODAY
AUTHOR: STOLZ E
AUTHOR ADDRESS: DEP. DERMATO-VENEREOL., UNIV. HOSP. ROTTERDAM-DIJKZIGT, DR. MOLEWARTERPLEIN 40, 3015 GD ROTTERDAM, THE NETH.
JOURNAL: SYMPOSIUM ON THIAMPHENICOL AND SEXUALLY TRANSMITTED DISEASES, ISTANBUL, TURKEY, APR. 14-15, 1983. SEX TRANSM DIS 11 (4 SUPPL.). 1984. 373-375. 1984
CODEN: STRDD
RECORD TYPE: Citation
LANGUAGE: ENGLISH
1984

2/AB/20 (Item 1 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

03415728 Genuine Article#: PD356 Number of References: 39
Title: CEFETAMET PIVOXIL IN THE TREATMENT OF UNCOMPLICATED GONORRHEA (Abstract Available)
Author(s): LUCENA R; BORGES CE; DEARAUJOVIEIRALVES LF; KANGA JM; HOHL P; ZAPPELINI M; KISSLING M
Corporate Source: F HOFFMANN LA ROCHE & CO LTD/CH-4002 BASEL//SWITZERLAND/; F HOFFMANN LA ROCHE & CO LTD/CH-4002 BASEL//SWITZERLAND/; PUBL INST UROL/RIO JANEIRO//BRAZIL/; PUBL INST/RIO JANEIRO//BRAZIL/; CLIN UROGYNECOL ASSOC,DEPT UROL/RIO JANEIRO//BRAZIL/; CHU TREICHVILLE,DEPT DERMATOL/ABIDJAN//COTE IVOIRE/; PHARMA RES/BASEL//SWITZERLAND/
Journal: DIAGNOSTIC MICROBIOLOGY AND INFECTIOUS DISEASE, 1994, V19, N2 (JUN), P121-127
ISSN: 0732-8893
Language: ENGLISH Document Type: ARTICLE
Abstract: We studied the efficacy and safety of cefetamet pivoxil (CAT), an oral aminothiazolyl cephalosporin, in a series of open, comparative multicenter studies in 207 women (four study renters) with uncomplicated gonorrhea, and summarized and pooled the results with those of earlier open dose-finding trials (360 men; sire study centers). We compared single-dose treatment regimen of CAT-over the range of 400-1500 mg-with spectinomycin, thiamphenicol , ampicillin, or amoxicillin plus probenecid. The overall cure rates were 100% in 88 women treated with 1500 mg CAT and in 137 men treated with 1200 or 1500 mg CAT, 98% (114 of 116 men) in those treated with 800 or 1000 mg CAT, and 93% (42 of 45 men) in those treated with 400 or 500 mg CAT; the composite cure rate of the comparators was 97%. The tolerability of CAT (n = 428) compared favorably (1.8% adverse events) with that of the standard drugs (n = 139) (4.3% adverse events). Single-dose treatment with 1500 mg CAT is effective and safe in adults with uncomplicated gonorrhea.

2/AB/21 (Item 2 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

02726291 Genuine Article#: LY582 Number of References: 55
Title: PELVIC INFLAMMATORY DISEASE - METAANALYSIS OF ANTIMICROBIAL REGIMEN EFFICACY (Abstract Available)
Author(s): WALKER CK; KAHN JG; WASHINGTON AE; PETERSON HB; SWEET RL
Corporate Source: SAN FRANCISCO GEN HOSP,DEPT OBSTET GYNECOL & REPROD SCI,WARV 6D14,1001 POTRERO ST/SAN FRANCISCO//CA/94110; UNIV CALIF SAN FRANCISCO,SCH MED,INST HLTH POLICY STUDIES,DEPT OBSTET GYNECOL & REPROD SCI/SAN FRANCISCO//CA/94143; UNIV CALIF SAN FRANCISCO,SCH MED,INST HLTH

POLICY STUDIES,DEPT MED/SAN FRANCISCO//CA/94143; UNIV CALIF SAN FRANCISCO,SCH MED,INST HLTH POLICY STUDIES,DEPT EPIDEMIOL & BIOSTAT/SAN FRANCISCO//CA/94143; UNIV CALIF SAN FRANCISCO,SCH MED,INST HLTH POLICY STUDIES,MEDTEP,RES CTR MINOR POPULAT/SAN FRANCISCO//CA/94143; CTR DIS CONTROL & PREVENT,DIV REPROD HLTH/ATLANTA//GA/00000; UNIV PITTSBURGH,MAGEE WOMENS HOSP,DEPT OBSTET GYNECOL & REPROD SCI/PITTSBURGH//PA/15213

Journal: JOURNAL OF INFECTIOUS DISEASES, 1993, V168, N4 (OCT), P969-978
ISSN: 0022-1899
Language: ENGLISH Document Type: ARTICLE

Abstract: An extensive body of literature has investigated the efficacy of antimicrobial regimens used to treat pelvic inflammatory disease (PID), leaving many clinicians confused about how to choose among them. This study provides a formal appraisal of these reports. Thirty-four treatment studies published between 1966 and 1992 were identified, using Medline and bibliographies, and evaluated qualitatively and quantitatively in a metaanalysis. Twenty-one studies met the criteria for inclusion in this evaluation: appropriate system for making the diagnosis of PID, standardized assessment of clinical outcome, and entry and follow-up evaluation for lower genital tract infection with Neisseria gonorrhoeae and Chlamydia trachomatis. This metaanalysis identifies a considerable range of quality in study methods and research design and underscores the limitations inherent in comparing such data. Despite this, a number of antimicrobial regimens appear to have very good short-term clinical and microbiologic efficacy. Pooled clinical cure rates range from 75% to 94% and pooled microbiologic cure rates range from 71% to 100%. A cost comparison is provided, and future research priorities are suggested.

2/AB/22 (Item 3 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

01643457 Genuine Article#: HN429 Number of References: 26
Title: ANTIMICROBIAL SUSCEPTIBILITY OF NEISSERIA-GONORRHOEAE IN ZAIRE - HIGH-LEVEL PLASMID-MEDIATED TETRACYCLINE RESISTANCE IN CENTRAL-AFRICA (Abstract Available)
Author(s): VANDYCK E; ROSSAU R; DUHAMEL M; BEHETS F; LAGA M; NZILA M; BYGDEMAN S; VANHEUVERSWIJN H; PIOT P
Corporate Source: INST TROP MED,DEPT MICROBIOL,NAT STR 155/B-2000ANTWERP//BELGIUM/; INNOGENET NV/ANTWERP//BELGIUM/; PROJET SIDA/KINSHASA//ZAIRE/; HUDDINGE HOSP,DEPT CLIN BACTERIOL/STOCKHOLM//SWEDEN/
Journal: GENITOURINARY MEDICINE, 1992, V68, N2 (APR), P111-116
Language: ENGLISH Document Type: ARTICLE
Abstract: Objective-To determine the in vitro antimicrobial susceptibility of gonococcal strains isolated in 1988 among female prostitutes in Kinshasa, Zaire and to characterise strains with high level tetracycline resistance.

Methods-Minimal inhibitory concentrations of 8 antimicrobials were measured by agar dilution technique. Plasmidprofiles and serovars were determined.

Results-Two hundred and thirteen strains of Neisseria gonorrhoeae were tested of which 59% were beta-lactamase producers and an additional 21% showed intermediate or chromosomal resistance to penicillin (MIC = 0.5-8 mg/l). Eleven percent of the strains were resistant to the combination sulfamethoxazole-trimethoprim (MIC > 8 mg/l) and 57% of the isolates showed decreased susceptibility to thiamphenicol (MIC = 1-4 mg/l). All strains were sensitive to spectinomycin, norfloxacin and ceftriaxone and moderately sensitive to

kanamycin. Chromosomal resistance to tetracycline was observed in 45% of strains (MIC = 2-8 mg/l). Ten percent were highly resistant to tetracycline (TRNG, MIC = 16-128 mg/l) and were shown to carry a plasmid borne Tet M determinant; such strains were not found in Kinshasa in 1985. TRNG belonged to 4 different serovars, which were also the dominant serovars in non-TRNG.

Conclusion-These findings illustrate the high frequency of multiresistant gonococci in Zaire and suggest that high level tetracycline resistant strains of N. gonorrhoeae have become endemic in Central Africa.

2/AB/23 (Item 1 from file: 35)
DIALOG(R)File 35:Dissertation Abs Online

0961698 AAD8717310
A STUDY OF LATENCY IN CHLAMYDIA TRACHOMATIS SEROTYPE L2 AND THE EFFECT OF AMDINOCILLIN ON CHLAMYDIAL MORPHOLOGY
Author: FEDORKO, DANIEL PAUL
Degree: PH.D
Year: 1987
Corporate Source/Institution: VIRGINIA COMMONWEALTH UNIVERSITY (2383)
Source: VOLUME 48/05-B OF DISSERTATION ABSTRACTS INTERNATIONAL.
PAGE 1243. 217 PAGES

Several properties of the latent phase of Chlamydia trachomatis serotype ${\rm L\sb2}$ were studied using a variety of techniques. To determine if the chlamydial latent phase is an elementary body (EB) or a reticulate body (RB) we exposed C. trachomatis to several concentrations of antibiotics (thiamphenicol , amdinocillin, tetracycline) at 0 hours post infection (PI) when only EBs are present, 8 hours PI when only RBs are present, and 30 hours PI when all stages of the life cycle are present. Multiple passages of cultures devoid of inclusions were performed to determine if latency was induced. We tried to recover latent phase organisms after storage at $-70\sp\circ{\rm C}$ and used transmission electron microscopy (TEM) and lowicryl K4M with immunogold labeling to look for Chlamydia in latently infected McCoy cells. To differentiate between latent chlamydiae existing as whole organisms or through incorporation of their genome into that of their host cells, latent phase Chlamydia were exposed to bactericidal concentrations of tetracycline and amdinocillin. Superinfection studies were performed to compare antibiotic induced latency with latency induced by other investigators. Post thiamphenicol induced latent phase chlamydiae were reexposed to thiamphenicol to detect heteroresistance. An ELISA test was used to search for chlamydial group antigen in latently infected monolayers devoid of inclusions. We examined the morphological response of C. trachomatis to amdinocillin using TEM. We found thiamphenicol to be a potent and reproducible inducer of latency in C. trachomatis. Latent states observed included a dormant state and a state in which chlamydiae have a reduced multiplication rate without the production of visible inclusions for 2 to 3 passages. Latent phase Chlamydia may be in a RB form because EBs and RBs have the same response to thiamphenicol exposure and latent phase organisms were killed at $-70\sp\circ{\rm C}.$ Latently infected monolayers can be cured with antibiotics, indicating the existence of whole organisms, and can be superinfected. Latent phase Chlamydia are not a thiamphenicol heteroresistant population. The ELISA detected chlamydial group antigen 1 or 2 passages before the appearance of visible inclusions. Amdinocillin produces the same bizarre chlamydial forms as penicillin. Latent phase Chlamydia were not observed with TEM.

2/AB/24 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE

11167047 EMBASE No: 2001178698
Antibiotics by aerosol in respiratory infections: Pole position for thiamphenicol
ANTIBIOTICI PER AEROSOL NELLE INFEZIONI RESPIRATORIE: POLE POSITION PER TIAMFENICOLO
Rizzato G.
Prof. G. Rizzato, Ente Ospedale Niguarda, Divisione Medica Vergani, Via Juvara 9, 20129 Milano Italy
AUTHOR EMAIL: rizzatog@tin.it
Internista (INTERNISTA) (Italy) 2001, 9/1 (21-28)
CODEN: IRNIE ISSN: 1121-9017
DOCUMENT TYPE: Journal ; Review
LANGUAGE: ITALIAN SUMMARY LANGUAGE: ENGLISH; ITALIAN
NUMBER OF REFERENCES: 13

Thiamphenicol acetylcysteinate may be given by aerosol, and in the respiratory tract it is hydrolized to N-acetylcysteine (NAC) + thiamphenicol (TAF). The mucolytic properties of NAC result in the penetration of TAF both in the lower respiratory tract and in the intraluminal pools of mucus, where respiratory pathogens (unreachable by antibiotics given by other ways) may be trapped. In vitro, TAF is active over the majority of the respiratory pathogens, while a number of their strains are becoming increasingly resistant to penicillin and/or erythromycin. Tolerability is good. Thus there is now new interest for this molecule in the upper and lower respiratory tract infections. The topic has been discussed in a round table during the III International Symposium of the European Society of Clinical Microbiology and Infectious Diseases, held recently in Venice (5-8 November 2000). In vitro microbiological tests over 397 pathogen strains of S. pneumoniae have evaluated the activity of the antibiotics commonly used in the respiratory infections according to the international guidelines. TAF has resulted superior to macrolides, tetracyclines and co-trimoxazole. When compared to betalactams, in spite of a lower activity over S. pneumoniae, TAF is anyway active on a number of betalactam-resistant strains and in addition it is active over the intracellular pathogens, where betalactams don't work. A multicenter, double blind randomized trial on 180 patients with acute bronchitis, or exacerbation of chronic bronchitis, treated with thiamphenicopl acetylcysteinate by aerosol at the daily dose of 500 mg, per 8 days, has shown good results. And a retrospective survey on oncologic patients with cancer of the upper respiratory tract, treated with the same formulation at a double dose for 11 +/- 3 days has show good results in 64 of 66 cases. The conclusion of the chairman (Prof C. Grassi) has been that TAF appears to be one of the antibiotics of first line use in the therapy of the respiratory infections.

2/AB/25 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE

10829148 EMBASE No: 2000309858
Quality of sexually transmitted disease treatments in the formal and informal sectors of Bangui, Central African Republic
Somse P.; Mberyo-Yaah F.; Morency P.; Dubois M.-J.; Gresenguet G.; Pepin J.
Dr. J. Pepin, Ctr. for International Health, 3001, 12eme Avenue Nord, Sherbrooke, Que. J1H 5N4 Canada

Sexually Transmitted Diseases (SEX. TRANSM. DIS.) (United States) 2000 , 27/8 (458-464)
CODEN: STRDD ISSN: 0148-5717
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 8

Background: Interventions for upgrading sexually transmitted disease (STD) management in sub-Saharan Africa have focused on the public sector, and to a much lower extent on private medical practitioners and pharmacies. However, in most African cities there is a large informal sector that provides care to many patients with STD symptoms. Goal: To compare the quality of treatments offered to patients with major STD syndromes in the public sector, pharmacies, and the informal sector of the same city. Study Design: Healthcare providers in health centers, pharmacies, private laboratories, and market drug peddlers in Bangui, Central African Republic, were asked to complete a short form for every patient consulting them with genital complaints. The treatments they ordered were evaluated for their potential efficacy against the major etiologic agents of the syndrome for which the patient consulted. Results: The majority of male patients with STDs preferred to seek care in pharmacies and in the informal sector. The STD treatments offered to patients with urethral discharge or genital ulcers in pharmacies and in the informal sector tended to focus on a single etiologic agent. The quality of STD treatments offered by drug peddlers and private laboratories was poor, apart from adequate coverage of syphilis in patients with genital ulcers and of candidiasis in women with vaginal discharge. For instance, 41% and 34% of patients with urethral discharge managed by drug peddlers and private laboratories did not receive a drug active against either Neisseria gonorrhoeae or Chlamydia trachomatis, whereas this proportion was 22% in pharmacies and 14% in health centers. For patients with genital ulcers, the proportion offered a drug active against Haemophilus ducreyi was 2% if seen by drug peddlers, 0% in laboratories, 10% in pharmacies, and 25% in health centers. For each syndrome and each category of provider, between one fourth and two thirds of patients had already received another ineffective treatment elsewhere. Conclusion: National STD and HIV control programs will have to improve STD management in pharmacies and in the informal sector if they are to have any impact on the dynamics of HIV infection in urban centers.

2/AB/26 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE

07177274 EMBASE No: 1998069241
Relationships between sexually transmitted diseases and human immunodeficiency virus infection
Rosen T.; Spedale J.H.
Dr. T. Rosen, Baylor College of Medicine, Chief Dermatology Service, Houston VA Medical Center, Houston, TX United States
Current Problems in Dermatology (CURR. PROBL. DERMATOL.) (United States) 1997, 9/6 (242-262)
CODEN: APDEB ISSN: 1040-0486
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 191

Although human immunodeficiency virus infection is, in itself, often a sexually transmitted disorder, the bidirectional synergy between this viral disease and the more 'classical' sexually transmitted diseases has only recently been recognized. Three specific potential interrelationships are of paramount importance: (1) the potential for sexually transmitted

diseases to increase the rate of both human immunodeficiency virus acquisition and transmission; (2) the potential for sexually transmitted diseases to accelerate the natural progression of human immunodeficiency virus infection; and (3) the potential for human immunodeficiency virus coinfection to alter critical clinical and/or serological parameters used to diagnose and treat sexually transmitted diseases. Human experimentation to demonstrate any or all of these synergistic interactions would be ethically unthinkable. Therefore inferences must be drawn from prospective and retrospective studies, case-controlled studies, and even isolated case reports. Conclusions must be tempered by the inherent difficulty in analyzing data derived from populations where true 'control' for such variables as number of sexual partners, sexual practices, social strata, accessibility and quality of medical care, nutritional status, and geographic ecological factors is very difficult. Nevertheless, it does appear that genital ulcer disease, and in particular syphilis and chancroid, increase the risk of human immunodeficiency acquisition and transmission. Nonulcerative sexually transmitted diseases (such as gonorrhea and chlamydia) may also increase these risks, but data are much less convincing in this regard. The role of human papillomavirus infection is unclear. The role of sexually transmitted diseases in human immunodeficiency virus progression is unsettled at present. In vitro evidence suggests that herpesvirus infection (e.g., herpes progenitalis) may be capable of accelerating human immunodeficiency virus disease through retroviral transactivation. Other sexually transmitted diseases may generally depress the patient's immune state and, in this nonspecific fashion, hasten the progression of human immunodeficiency virus. However, conclusive in vivo human data are lacking to verify this 'commonsense' hypothesis. From a clinical standpoint, human immunodeficiency virus co-infection affects sexually transmitted diseases in a variable and unpredictable manner. For example, although most human immunodeficiency virus-positive patients with syphilis exhibit typical serologic and clinical features, some do have atypical lesions and may be prone to either the prozone phenomenon (early in human immunodeficiency virus infection) or false-negative serologic tests (late in human immunodeficiency virus infection). There appears to be a small but distinct risk that human immunodeficiency virus-positive patients treated with standard antitreponemal antibiotic regimens may still have neurosyphilis develop. The effect of early antiretroviral therapy on these alterations has not been adequately investigated. Patients with chancroid and human immunodeficiency virus coinfection tend to have larger lesions and may not respond to recommended single-dose antibiotic treatment schedules. Herpetic lesions may be larger and more persistent. Moreover, acyclovir resistance caused by thymidine kinase deficiency seems almost unique to human immunodeficiency virus- positive individuals. Human papillomavirus infection in those who are also human immunodeficiency virus-positive may result in larger and more multicentric venereal warts, and the risk of human papillomavirus-induced anogenital dysplasia and neoplasia appears high. Treatment for human papillomavirus is even more difficult than usual among the human immunodeficiency virus-positive patients, and repeated applications of multiple different modalities may be required to achieve even a modicum of control. Crusted scabies carries a real risk of bacterial septicemia in the human immunodeficiency virus-positive host. Chlamydial infections tend to run a typical clinical course in the human immunodeficiency virus-positive population, but gonorrhea and gonococcemia are more often due to penicillin- resistant organisms. Sexually transmitted disease prevention in the human immunodeficiency virus era has become an even more urgent matter. The condom, when used properly and consistently, appears to be a reliable method of preventing both sexually transmitted diseases and human immunodeficiency virus acquisition. Early therapeutic intervention in sexually transmitted diseases also appears to be globally beneficial in reducing the risk of human immunodeficiency virus acquisition. Easy access to such treatment should be a goal for all

communities.

2/AB/27 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE

05694951 EMBASE No: 1994091480
The diagnosis and treatment of urethritis in developing countries
Mabey D.
Department of Clinical Sciences, London Sch.Hygiene/Tropical Medicine, Keppel Street,London WC1E 7HT United Kingdom
Genitourinary Medicine (GENITOURIN. MED.) (United Kingdom) 1994, 70/1 (1-2)
CODEN: GEMEE ISSN: 0266-4348
DOCUMENT TYPE: Journal; Editorial
LANGUAGE: ENGLISH

2/AB/28 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE

05596624 EMBASE No: 1994004831
Treatment of bacterial sexually transmitted diseases
Elsner P.
Department of Dermatology, University of Zurich, Gloriastr. 31,CH 8091 Zurich Switzerland
Seminars in Dermatology (SEMIN. DERMATOL.) (United States) 1993, 12/4 (342-351)
CODEN: SDERD ISSN: 0278-145X
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Sexually transmitted diseases (STD) cause significant morbidity in the industrialized nations and, even more so in third world countries. Genital ulcerative STD such as herpes genitalis, syphilis, and chancroid have been identified as important risk factors for the spread of human immunodeficiency virus infection. Efficient and safe therapeutic regimen are therefore essential to cure the individual and to prevent spread of STD in the community. In this review, the current treatment guidelines for the bacterial STD gonorrhoea, chlamydial infections, syphilis, and chancroid are summarized and recent therapeutic developments are discussed.

2/AB/29 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE

05394386 EMBASE No: 1993162485
The role of fluoroquinolones in sexually transmitted diseases
Tartaglione T.A.; Hooton T.M.
Harborview Medical Center, 325 Ninth Avenue ZA-89,Seattle, WA 98104 United States
Pharmacotherapy (PHARMACOTHERAPY) (United States) 1993, 13/3 (189-201)
CODEN: PHPYD ISSN: 0277-0008
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

The management of sexually transmitted diseases (STDs) has reached a new level in the era of antibiotic resistance and human immunodeficiency virus infection. To date, no single antimicrobial is capable of eradicating the

commonly encountered STD pathogens including Neisseria gonorrhoeae, Chlamydia trachomatis, and Treponema pallidum. Among the marketed fluoroquinolones, ciprofloxacin, ofloxacin, lomefloxacin, and enoxacin all provide excellent in vitro activity (MICinf 9inf 0 < 0.06 mug/ml) and excellent in vivo efficacy against N. gonorrhoeae, including multiply resistant isolates (penicillinase- producing N. gonorrhoeae and chromosomally mediated resistant N. gonorrhoeae). Ofloxacin is the only fluoroquinolone approved by the Food and Drug Administration for chlamydial infection. All of the quinolones lack reliable in vitro activity against Ureaplasma urealyticum, a cause of nongonococcal urethritis. Although limited data suggest the usefulness of ciprofloxacin and ofloxacin in the treatment of pelvic inflammatory disease, these drugs cannot currently be recommended for single-agent therapy. Haemophilus ducreyi infections, however, can be managed effectively with the fluoroquinolones. Although their role continues to evolve, this class of drugs cannot be used equally to treat all STDs, and notably, no quinolone to date inhibits T. pallidum.

2/AB/30 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE

05097916 EMBASE No: 1992238132
Sexually transmitted disease. II. Chlamydia and Mycoplasma infections
MALATTIE SESSUALMENTE TRASMESSE. (II). INFEZIONI DA CHLAMYDIE E MYCOPLASMI
Filotico R.; Grandolfo M.; Foti C.; Mazzoccoli S.; Vena G.A.
Clinica Dermatologica II, Universita di Bari,Bari Italy
Annali di Medicina Navale (ANN. MED. NAV.) (Italy) 1991, 96/2 SUPPL. (21-30)
CODEN: AMDNA ISSN: 0392-9418
DOCUMENT TYPE: Journal; Review
LANGUAGE: ITALIAN

2/AB/31 (Item 8 from file: 73)
DIALOG(R)File 73:EMBASE

05045366 EMBASE No: 1992185582
Urethritis in man
URETRITES NO HOMEM
Castilho L.N.
Departamento de Cirurgia, UNICAMP Urologista, Hospital Samaritano,Campinas Brazil
Revista Brasileira de Medicina (REV. BRAS. MED.) (Brazil) 1992, 49/4 (137-146)
CODEN: RBMEA ISSN: 0034-7264
DOCUMENT TYPE: Journal; Review
LANGUAGE: PORTUGUESE SUMMARY LANGUAGE: PORTUGUESE

2/AB/32 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE

04794218 EMBASE No: 1991288954
Urethritis in males
L'URETRITE MASCHILE
Alessi E.
Chronica Dermatologica (CHRON. DERMATOL.) (Italy) 1991, 1/4 (573-586)
CODEN: CRDMB ISSN: 0011-1759

DOCUMENT TYPE: Journal; Review
LANGUAGE: ITALIAN SUMMARY LANGUAGE: ENGLISH

This paper is a short revision of the present knowledges about male urethritis. In particular, after having remembered which criteria must be used to define this entity, the author discusses the epidemiological, etiological, clinical, and therapeutic aspects of the urethritis in males on the basis of the literature and his personal experience.

2/AB/33 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE

04786975 EMBASE No: 1991281711
Chlamydia and mycoplasma incidence
INCIDENCIA DE CHLAMYDIA E MYCOPLASMA
Herszenhut E.P.; Goncalves M.C.V.R.; Vendas T.S.P.
Avenue Copacabana 542, s/403, 22020 Rio de Janeiro Brazil
Jornal Brasileiro de Ginecologia (J. BRAS. GINECOL.) (Brazil) 1991, 101/8 (343-346)
CODEN: JBGCA ISSN: 0368-1416
DOCUMENT TYPE: Journal; Article
LANGUAGE: PORTUGUESE SUMMARY LANGUAGE: ENGLISH

Sixty two patients have been researched among 482 matriculated at the Infertility Ambulatory of 28a Enfermaria da Santa Casa de Misericordia do Rio de Janeiro, 29.11.84 to 15.09.1988. Among these 62 cases, 21 (34%) presented only one factor of infertility and 41 (66%) several factors. The main factor was the cervical one, which was present in 50 patients (81%). The main exams for the microorganisms were immunofluorescence and cultured (McCoy cells) for Chlamydia (Chl) and culture for Mycoplasma (Myc). Besides that, patients were submitted to cytologic and bacterioscopic examination: Chl, 16 (28.5%); Myc, 17 (27.14%); Chl and Myc, 3 (4.8%); negatives, 6 (9.7%); drop-outs, 14 (22.6%); in investigation, 6 (9.7%). The basic treatment consisted in Doxycycline for the couple during 15 days and tetracicline vaginal cream for the woman. Pregnancy occurred in five cases (8%), among which three (4.8%) aborted; 1 (1.6%) was a premature delivery and one (1.6%) a term delivery.

2/AB/34 (Item 11 from file: 73)
DIALOG(R)File 73:EMBASE

04657102 EMBASE No: 1991151147
Is the antibiotic-resistant gonococcus causing the current recrudescence of venereal diseases?
Siboulet A.
Centre OMS/MST, Institut Fournier, Paris France
Medecine d'Afrique Noire (MED. AFR. NOIRE) (Senegal) 1991, 38/1 (77-80)
CODEN: MAFNA ISSN: 0047-6404
DOCUMENT TYPE: Journal; Short Survey
LANGUAGE: FRENCH

2/AB/35 (Item 12 from file: 73)
DIALOG(R)File 73:EMBASE

04533847 EMBASE No: 1991027889

From normal to abnormal, and back: Gynaecological infections in an ecological perspective
Van Der Pas H.
Department of Obstetrics and Gynaecology, St Elisabeth Hospital, Turnhout Belgium
British Journal of Clinical Practice (BR. J. CLIN. PRACT.) (United Kingdom) 1990, 44/9 SUPPL. 71 (61-64)
CODEN: BJCPA ISSN: 0007-0947
DOCUMENT TYPE: Journal; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: FRENCH; GERMAN; SPANISH; ENGLISH

Vaginal discharges are one of the most common reasons for a woman to consult her doctor. An infection of the vulva, vagina or cervix is the usual cause and such infections are, often undeservedly, associated with sexually transmitted diseases. With the decline in the incidence of 'classical' venereal diseases, infections of the female genital tract have not attracted a great deal of attention. The arrival of Chlamydia and HIV infection has, however, generated new interest, and the eradication of genital pathogens is now a growing concern among family practitioners and gynaecologists. As a result of this increased interest, conditions previously designated as 'non-specific vaginitis' are now being classified and more specific diagnoses are enabling more reliable treatment to be given. Our knowledge concerning the aetiology and ecology of the normal, healthy vagina is incomplete. Eor understandable social and epidemiological reasons, few extensive studies have been carried out and it is possible to sketch only a vague picture of the complicated ecological systems involved. This lack of background knowledge hinders progress in investigating the infectious aetiology and pathology of the female genital tract. Vaginal ecology is influenced by many internal and external factors, some of which are outlined.

2/AB/36 (Item 13 from file: 73)
DIALOG(R)File 73:EMBASE

04338143 EMBASE No: 1990226206
Therapy for gonococcal infections: Options in 1989
Moran J.S.; Zenilman J.M.
Technical Information Serv., Center for Prevention Serv., Centers for Disease Control,Atlanta, GA 30333 United States
Reviews of Infectious Diseases (REV. INFECT. DIS.) (United States) 1990, 12/SUPPL. 6 (S633-S644)
CODEN: RINDD ISSN: 0162-0886
DOCUMENT TYPE: Journal; Conference Paper
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

The choice of therapy for Neisseria gonorrhoeae infections is complicated by antibiotic resistance and by the varying efficacy of some antibiotics at different anatomic sites of infection. Ceftriaxone (a single intramuscular dose of 250 mg) is a simple, effective, and generally well-tolerated choice for uncomplicated N. gonorrhoeae infection at all anatomic sites. Alternatives include single-dose oral regimens of ciprofloxacin, norfloxacin, and cefuroxime axetil as well as single-dose intramuscular regimens of spectinomycin, ceftizoxime, and cefotaxime. The addition of doxycycline (100 mg orally twice a day for 7 days) is recommended for presumptive treatment of chlamydial coinfection. Tetracyclines should not be used as sole therapy for gonococcal infection because of gonococcal resistance.

2/AB/37 (Item 14 from file: 73)

DIALOG(R)File 73:EMBASE

04117712 EMBASE No: 1989286758
Low genital infection
INFECCAO GENITAL BAIXA
Chada Baracat E.; Vasserman J.; Rodrigues de Lima G.
Rua Leandro Dupret, 325, Vila Clementino, 04025 Sao Paulo Brazil
Jornal Brasileiro de Ginecologia (J. BRAS. GINECOL.) (Brazil) 1989, 99/6 (219-222)
CODEN: JBGCA ISSN: 0368-1416
DOCUMENT TYPE: Journal; Article
LANGUAGE: PORTUGUESE SUMMARY LANGUAGE: ENGLISH

2/AB/38 (Item 15 from file: 73)
DIALOG(R)File 73:EMBASE

03996050 EMBASE No: 1989165046
Prevalence of chlamydial infection in patients with gonococcal urethritis
Charuwichitratrana S.; Polnikorn N.; Puavilai S.; Limsuwan A.
Division of Dermato-Venereology, Department of Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok 10400 Thailand
Journal of the Medical Association of Thailand (J. MED. ASSOC. THAILAND) (Thailand) 1989, 72/5 (280-283)
CODEN: JMTHB ISSN: 0125-2208
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

2/AB/39 (Item 16 from file: 73)
DIALOG(R)File 73:EMBASE

03860093 EMBASE No: 1989029048
Therapy of uncomplicated gonorrhea due to antibiotic-resistant Neisseria gonorrhoeae
Kraus S.J.; Reynolds G.H.; Rolfs Jr. R.T.
Division of Sexually Transmitted Diseases, Center for Prevention Services, Centers for Disease Control, Atlanta, GA 30333 United States
Sexually Transmitted Diseases (SEX. TRANSM. DIS.) (United States) 1988, 15/4 (234-243)
CODEN: STRDD ISSN: 0148-5717
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Antibiotics available to treat uncomplicated anogenital infections due to beta-lactamase-producing Neisseria gonorrhoeae include spectinomycin, ceftriaxone, and clavulanic acid added to aqueous procaine penicillin G or amoxicillin. Important variables in deciding which antibiotic regimen to use include effectiveness against urethral, cervical, pharyngeal, and rectal infections; cost; eradication of coexisting incubating syphilis; adverse effects; efficacy against strains of N. gonorrhoeae with chromosomally mediated resistance to antimicrobial agents; ease of administration; patient acceptance; and the potential for inducing resistance to antimicrobial agents in pathogens other than those causing sexually transmitted diseases. This review outlines the advantages and disadvantages of the various regimens.

2/AB/40 (Item 17 from file: 73)
DIALOG(R)File 73:EMBASE

03742524 EMBASE No: 1988191960
Treatment of genital infections by Urfamycine
Gilliet F.
Dermatologische Abt., Ospedale San Giovanni, CH-6500 Bellinzona Switzerland
Aktuelle Dermatologie (AKTUEL. DERMATOL.) (Germany) 1988, 14/8 (257-262)
CODEN: AKDED ISSN: 0340-2541
DOCUMENT TYPE: Journal
LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH

Work-up and treatment results of 46 patients with STD are reported. Results of different methods for microbial identification, particularly with regard to Chlamydia , did not always correspond, and sometimes diagnosis could be made only by taking into consideration the course of the disease under treatment and by performing partner controls. Immediate empirical treatment of urethritis in men and of cervicovaginitis in women with Urfamycin (2.5 g in a single dose the first day, and 500 mg t.i.d. from the 2nd to the 10th day) before laboratory findings were known, was successful in 95% of cases. Conversely, Urfamycin was almost equally effective in infections caused by gonococci, chlamydia , bacteria or unidentified germs, and ineffective in two cases only. The lack of major side effects and the possibility to correct therapy immediately on arrival of the test results in the few cases where Urfamycin was not indicated seem to justify this approach, which seems to be recommendable even from an epidemiological point of view.

2/AB/41 (Item 18 from file: 73)
DIALOG(R)File 73:EMBASE

03726666 EMBASE No: 1988176102
How to diagnose and treat. Urethritis
Netto Jr. N.R.; Neves P.A.
Faculdade de Ciencias Medicas da UNICAMP, Servico de Urologia do Hosp. Beneficencia Portuguesa, Sao Paulo Brazil
Revista Brasileira de Medicina (REV. BRAS. MED.) (Brazil) 1988, 45/5 (139-142)
CODEN: RBMEA ISSN: 0034-7264
DOCUMENT TYPE: Journal
LANGUAGE: PORTUGUESE

2/AB/42 (Item 19 from file: 73)
DIALOG(R)File 73:EMBASE

03537780 EMBASE No: 1987054716
Non-tuberculous infections of the uterus and adnexae
DIAGNOSTIC ET TRAITEMENT DES INFECTIONS UTERO-ANNEXIELLES NON TUBERCULEUSES
Zamora A.; Salet-Lizee D.; Rolet F.; et al.
Service Chirurgical et Gynecologique, Hopital de la Salpetriere, 75013 Paris France
Revue du Praticien (REV. PRAT.) (France) 1987, 37/3 (89-100)
CODEN: REPRA
DOCUMENT TYPE: Journal

LANGUAGE: FRENCH SUMMARY LANGUAGE: ENGLISH

2/AB/43 (Item 20 from file: 73)
DIALOG(R)File 73:EMBASE

03518413 EMBASE No: 1987035349
Chlamydia trachomatis infections in obstetrics and gynecology
INFECTIONS A CHLAMYDIAE TRACHOMATIS EN GYNECOLOGIE-OBSTETRIQUE
Schlaeder G.; Langer B.
Service de Gynecologie-Obstetrique II, CHU de Hautepierre, 67098 Strasbourg Cedex France
Semaine des Hopitaux (SEM. HOP.) (France) 1986, 62/37-38 (2935-2939)
CODEN: SHPAA
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH

2/AB/44 (Item 21 from file: 73)
DIALOG(R)File 73:EMBASE

03481813 EMBASE No: 1987234394
Management of a case of urethritis
CONDUITE A TENIR EN PRESENCE D'UNE URETRITE
Frottier J.
France
Revue de Medecine de Tours (REV. MED. TOURS) (France) 1987, 21/8 (507-509)
CODEN: RMDTC ISSN: 0398-7604
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH

2/AB/45 (Item 22 from file: 73)
DIALOG(R)File 73:EMBASE

03317977 EMBASE No: 1987070554
Endocervicitis
ENDOCERVICITES
Boulanger J.C.; Gondry J.
2, Rue Peru Lobel, F 80000 Amiens France
Gynecologie (GYNECOLOGIE) (France) 1987, 38/1 (34-39)
CODEN: GYNCA
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH

2/AB/46 (Item 23 from file: 73)
DIALOG(R)File 73:EMBASE

03277540 EMBASE No: 1986030117
Treatment of urethritis by thiamphenicol
Mensing H.; Felten G.; Schulz H.J.; Korner C.
Universitats Hautklinik, 2000 Hamburg 20 Germany
European Journal of Sexually Transmitted Diseases (EUR. J. SEX. TRANSM. DIS.) (United Kingdom) 1985, 3/1 (47-49)
CODEN: EJSDE
DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Thiamphenicol was examined in a microbiological controlled study concerning the treatment of urethritis caused by Neisseria gonorrhoeae, Chlamydia trachomatis, Mycoplasma hominis or Ureaplasma urealyticum. The study included 120 patients, who all were treated orally by 2.5 g Thiamphenicol on the first and 3 x 0.5 g on the following 3 days. Gonorrhoea (51 patients) was cured in 100%, infections by Chlamydia trachomatis (32 pat.) was cured in 97% (1 failure), by Mycoplasma hominis or Ureaplasma urealiticum (12 pat.) in 90% (1 failure). Side effects were noted in 9.1% of these patients, but they were mild and transient. Thus Thiamphenicol seems to be an effective drug in the treatment of patients suffering from so called 'unspecific' urethritis.

2/AB/47 (Item 24 from file: 73)
DIALOG(R)File 73:EMBASE

03270171 EMBASE No: 1986022748
Pelvic inflammatory disease and non-specific vaginitis
'PELVIC INFLAMMATORY DISEASE' UND UNSPEZIFISCHE VAGINITIS
Kunz J.
Pflegerinnenschule, Geburtshilflich-Gynakologische Abteilung, CH-8030 Zurich Switzerland
Therapeutische Umschau (THER. UMSCH.) (Switzerland) 1985, 42/11 (781-786)
CODEN: THUMA
DOCUMENT TYPE: Journal
LANGUAGE: GERMAN SUMMARY LANGUAGE: ENGLISH; FRENCH

The clinically suspected diagnosis of PID severe enough to require hospitalisation has to be confirmed by laparoscopy. The physical and pelvic examination, fever, elevated erythrocyte sedimentation rate, and leucocytosis are unreliable diagnostic parameters. Microbial culture of cervical canal and from the intraperitoneal cavity are necessary to establish the definite etiologic diagnosis. The choice of suitable antimicrobial agent(s) must depend on the suspected pathogens. Different treatment regimens are discussed. The aim of the second part of this paper is to present guidelines for diagnosis and therapy of non-specific vaginitis, caused by Gardnerella vaginalis, for the purpose of daily practice.

2/AB/48 (Item 25 from file: 73)
DIALOG(R)File 73:EMBASE

03184774 EMBASE No: 1986117351
Single-dose ceftriaxone therapy of gonococcal ophthalmia neonatorum
Haase D.A.; Nash R.A.; Nsanze H.; et al.
Nairobi City Council Special Treatment Clinic, University of Nairobi, Nairobi Kenya
Sexually Transmitted Diseases (SEX. TRANSM. DIS.) (United States) 1986, 13/1 (53-55)
CODEN: STRDD
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

2/AB/49 (Item 26 from file: 73)
DIALOG(R)File 73:EMBASE

03170006 EMBASE No: 1986147583
Antibacterial treatment of sexually transmitted diseases
LES TRAITEMENTS ANTIBACTERIENS DE PREMIERE INTENTION DANS LES MALADIES SEXUELLEMENT TRANSMISSIBLES
Pradinaud R.; Nguemby-Mbina C.; N'Diaye B.
Hopital Jean Martial, F-97 503 Cayenne France
Medecine et Maladies Infectieuses (MED. MAL. INFECT.) (France) 1986, 16/2 BIS (124-128)
CODEN: MMAIB
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH SUMMARY LANGUAGE: ENGLISH

After listing the sexually transmitted diseases the authors propose anti-infectious treatment for: syphilis, gonococcal infection, chancroid, non gonococcal urethritis, granuloma inguinal and trichomoniasis.

2/AB/50 (Item 27 from file: 73)
DIALOG(R)File 73:EMBASE

03072170 EMBASE No: 1986229747
WHO expert committee on venereal diseases and treponematoses
World Health Organization - Technical Report Series (WHO TECH. REP. SER.) (Switzerland) 1986, No. 736/- (1-141)
CODEN: WHOTA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Bacteria, such as syphilis, gonorrhoea, and chancroid, are now better controlled in developed countries, the situation has worsened in developing countries, where gonorrhoea and chancroid have become resistant to inexpensive antibiotics. Laboratory, clinical, and epidemiological studies have revealed previously unsuspected complications of sexually transmitted diseases. The prevalence of many of these complications is increasing rapidly; they include infertility, ectopic pregnancy, premature births, congenital and perinatal infections that may produce blindness and mental retardation, and several types of cancer. Generally, the control of sexually transmitted diseases is hindered by inadequacies of national health care systems. For example, in many countries available methods of prevention, such as diagnosis and treatment of syphilis in pregnancy, ocular prophylaxis for prevention of conjunctivitis of the newborn, and immunization with hepatitis B vaccine, are not being used effectively. The rapid proliferation of new diagnostic tests offers promise for the improved control of certain sexually transmitted infections, but their use may present difficult choices to laboratories concerned with these infections. Clinicians concerned with the treatment of these infections face similar difficult choices because of the emergency of antimicrobial resistance in certain organisms, coupled with the availability of a variety of new antimicrobials. The continuing spread of sexually transmitted diseases, particularly those that are presently incurable, such as AIDS and genital herpes simplex virus infection, has led to increasing interest in the social and behavioral aspects of the subject. The control of sexually transmitted disease is hindered not only by inadequacies in existing national health care infrastructures for dealing with these infections, but also by the need to develop organized national programmes for their control. Because of these changes and because 25 years have passed since the publication of the previous report on this subject, the present Expert Committee was asked to review the present situation and to make recommendations to WHO and Member States on how best to deal with the

growing problems posed by sexually transmitted diseases.

2/AB/51 (Item 28 from file: 73)
DIALOG(R)File 73:EMBASE

03002785 EMBASE No: 1985046751
Chlamydia trachomatis urethral and genital infections
INFECTIONS URETRO-GENITALES A CHLAMYDIA TRACHOMATIS
Siboulet A.
France
Lyon Mediterranee Medical (LYON MEDITERR. MED.) (France) 1984, 20/16 (9441-9443)
CODEN: LMMED
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH

2/AB/52 (Item 29 from file: 73)
DIALOG(R)File 73:EMBASE

02712757 EMBASE No: 1984081716
Current features of urethritis in men and their treatment
ASPECT ACTUEL DES URETRITES MASCULINES. LEURS TRAITEMENTS
Siboulet A.; Bohbot J.M.; Siboulet A.; Catalan F.
Centre OMS-MST, Institut A. Fournier, Paris France
Contraception Fertilite Sexualite (CONTRACEPT. FERTIL. SEX.) (France) 1984, 12/1 SUPPL. (211-216)
CODEN: CFSXA
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH SUMMARY LANGUAGE: ENGLISH

There is currently a very wide variety of forms of urethritis. The choice of treatment is possible in all cases only after detailed history-taking, routine clinical examination (investigating possible anatomic malformation, local focus etc.) and laboratory tests. The choice of therapeutic measures may vary widely, depending on the clinical form of the urethritis - acute, subacute or persistent, the sexual behavior of the patient, the diagnostic facilities available. The following factors should be stressed in all cases: the rising incidence of urethritis due to a combination of etiologic causes and of asymptomatic urethritis; the need for epidemiologic measures; in the case of failure, the involvement of local foci. The emotional repercussions of these forms of urethritis remains considerable. The ideal treatment is a response to the epidemiologic and pharmacologic demands at the time.

2/AB/53 (Item 30 from file: 73)
DIALOG(R)File 73:EMBASE

02682081 EMBASE No: 1984101040
Treatment of gonorrhoea in males in the central African Republic with spectinomycin and procaine penicillin
Meheus A.; Widy-Wirski R.; D'Costa J.; et al.
Department of Epidemiology and Social Medicine, University of Antwerp (UIA), 2610 Wilrijk Belgium
Bulletin of the World Health Organization (BULL. WHO) (Switzerland) 1984, 62/1 (89-94)
CODEN: BWHOA

DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH SUMMARY LANGUAGE: FRENCH

Gonorrhoea has become a problem in most parts of the world, and valid recommendations for treatment are important for control of the disease. In this study in Bangui, Central African Republic, 460 male patients with gonorrhoea were randomly assigned to treatment with either 4.0 x 10sup 6 units of procaine penicillin plus 1 g of probenecid, or 2 g of spectinomycin. Of these patients, 91% returned for follow-up; the failure rate was 4.8% with the penicillin schedule and 6.2% with spectinomycin (difference not statistically significant). Concomitant Chlamydia trichomatis infection was found in 5% of patients, and almost all of this group developed postgonococcal urethritis. Of the 460 patients, 7 (1.5%) were infected with penicillinase-producing Neisseria gonorrhoeae (PPNG) strains. Penicillin treatment failed in these cases, while spectinomycin was highly efficacious. The failure rate for penicillin was considerably higher in infections with strains that were less sensitive to penicillin in vitro. The failure rate for spectinomycin treatment was higher in patients who were infected with a strain that was highly sensitive to penicillin. It is concluded that, once PPNG strains have been found in a country, treatment of gonorrhoea should be based on a antibiotic that cures PPNG infections. Tetracycline can be used as second-line treatment, since it will also cure C. trachomatis infection, which is much less frequently associated with gonorrhoea in Africa than in industrial countries.

2/AB/54 (Item 31 from file: 73)
DIALOG(R)File 73:EMBASE

02596414 EMBASE No: 1984215372
Preventing complications of sexually transmitted disease. New treatment guidelines for an expanded spectrum of problems
Washington A.E.
Division of Sexually Transmitted Diseases, Center for Prevention Services, Centers for Disease Control, Atlanta, GA United States
Drugs (DRUGS) (Australia) 1984, 28/4 (355-370)
CODEN: DRUGA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Newly recognised sexually transmitted diseases have combined with the traditional venereal diseases to present clinicians with a demanding management challenge. Besides the increases in incidence of some of these diseases, many of the associated organisms are becoming more resistant to commonly used antimicrobial drugs. Predictably, accompanying this trend are increasing numbers of serious complications affecting men, women and infants. Timely and appropriate management of patients presenting with sexually transmitted diseases are imperative to stem the swelling tide of these conditions and prevent their insidious consequences. Clinicians must therefore remain knowledgeable about the effective therapies (and regimens) that are available. An update of the treatment guidelines for sexually transmitted diseases is provided in this article. As well as selecting appropriate antimicrobial regimens, it is equally important that clinicians educate their patients about their disease and its probable course, explain the administration of medications clearly to patients, and follow them up appropriately to detect resistant cases and non-compliers, and ultimately ensure effective treatment. In addition, no patient should be considered appropriately managed until his or her sexual partners have been properly dispositioned. For most patients, this will entail examining their sexual partners and treating them immediately. Execution of these treatment guidelines and management principles will help protect the reproductive

capability of many women by preventing pelvic inflammatory disease, ectopic pregnancy, and infertility.

2/AB/55 (Item 32 from file: 73)
DIALOG(R)File 73:EMBASE

02189701 EMBASE No: 1982106837
Uro-genital manifestations caused by Chlamydia trachomatis
MANIFESTATIONS URO-GENITALES A CHLAMYDIA TRACHOMATIS
Siboulet A.; Bohbot J.M.; Siboulet A.; Catalan F.
Hop. Saint-Louis, Inst. A. Fournier, Paris France
Lyon Mediterranee Medical (LYON MEDITERR. MED.) (France) 1981, 17/18 (5148-5150)
CODEN: LMMED
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH

2/AB/56 (Item 33 from file: 73)
DIALOG(R)File 73:EMBASE

02078411 EMBASE No: 1982243505
Assaying antichlamydial drugs in vitro
Lycke E.
Dept. Virol., Inst. Med. Microbiol., Univ. Goteborg, 41346 Goteborg Sweden
Scandinavian Journal of Infectious Diseases (SCAND. J. INFECT. DIS.) (Sweden) 1982, 14/Suppl.32 (38-41)
CODEN: SJIDB
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Among the aspects of the cell-culture system for assaying antichlamydial drugs in vitro reported on are modifications of the in vitro assays developed to differentiate between bactericidal and bacteriostatic activities against Chlamydia trachomatis. Antimicrobial drugs having low, medium, or high activity against chlamydiae are noted, with comments on the penicillins, the macrolides, and the tetracyclines. The possible development of chlamydial strains resistants to antibiotics is discussed.

2/AB/57 (Item 34 from file: 73)
DIALOG(R)File 73:EMBASE

01821850 EMBASE No: 1981193006
Clinical and therapeutic study of male genital infections
CLINICA E TERAPEUTICA DAS INFECCOES GENITAIS MASCULINAS
Sadi A.; Vinicius Sadi M.; Monteiro De Rezende Jr. J.
Dept. Urol., Esc. Paulista Med., Sao Paulo - S.P. Brazil
Revista Brasileira de Clinica e Terapeutica (REV. BRAS. CLIN. TER.) (Brazil) 1981, 10/4 (210-221)
CODEN: RBCTA
DOCUMENT TYPE: Journal
LANGUAGE: PORTUGUESE SUMMARY LANGUAGE: ENGLISH

2/AB/58 (Item 35 from file: 73)
DIALOG(R)File 73:EMBASE

01738840 EMBASE No: 1980044591
The role of chlamydiae in sexually transmitted diseases
ROLE DES CHLAMYDIAE DANS LES MALADIES TRANSMISES SEXUELLEMENT
Catalan F.; Khoury B.; Siboulet A.
Consultat. Mal. Infect. Uro-Genitales, Hop. Saint-Louis, 75010 Paris France
Revue de Medecine (REV. MED.) (France) 1979, 20/40 (2137-2141)
CODEN: RVMDA
DOCUMENT TYPE: Journal
LANGUAGE: FRENCH SUMMARY LANGUAGE: ENGLISH

2/AB/59 (Item 36 from file: 73)
DIALOG(R)File 73:EMBASE

01637606 EMBASE No: 1980132081
Antibiotics in non-specific genital infections
Ridgway G.L.
Univ. Coll. Hosp., London United Kingdom
Current Medical Research and Opinion (CURR. MED. RES. OPIN.) (United Kingdom) 1979, 6/3 SUPPL. (3-12)
CODEN: CMROC
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

2/AB/60 (Item 37 from file: 73)
DIALOG(R)File 73:EMBASE

01521986 EMBASE No: 1979243882
Activity of antimicrobials against Chlamydia trachomatis in vitro
Ridgway G.L.; Oriel J.D.
Univ. Coll. Hosp., London WC1E 6AU United Kingdom
Journal of Antimicrobial Chemotherapy (J. ANTIMICROB. CHEMOTHER.) (United Kingdom) 1979, 5/4 (483-484)
CODEN: JACHD
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

2/AB/61 (Item 38 from file: 73)
DIALOG(R)File 73:EMBASE

01076929 EMBASE No: 1978205730
How suitable are available pharmaceuticals for the treatment of sexually transmitted diseases? I. Conditions presenting as genital discharges
Willcox R.R.
St Mary's Hosp., London United Kingdom
British Journal of Venereal Diseases (BR. J. VENER. DIS.) (United Kingdom) 1977, 53/5 (314-323)
CODEN: BJVDA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

The relative prevalence of sexually transmitted diseases and the agents available for the treatment of these disease commonly presenting as genital discharges - namely, gonorrhoea, candidosis, trichomoniasis, and

non-specific genital infection - are reviewed. The many agents that are active against gonorrhoea are listed, but none is ideal. Penicillin, in spite of its allergic side effects, has remained the drug of choice for 25 yr because it is cheap, easily obtained, lacks toxicity even in pregnancy, and is effective. Its use is now threatened by the emergence of some strains that are able to produce penicillinase. At present the policy is to obtain the best results from penicillin while these are acceptable, but the clinician in some countries is badly served by the availability of procaine penicillin in aqueous suspension. There is a need for an effective penicillin or cephalosporin that is penicillinase resistant and cheap. Cefuroxime offers considerable hope but it is likely to be expensive in the immediate future. There are many preparations for the local treatment of candidosis. The confidence expressed by the manufacturers in recommending a three-day treatment is, it is hoped, based on a superior product. Nevertheless there is a need for a safe systemically absorbed fungicide which could be used orally, or some substance that could render the vagina an inhospitable environment for the organism. In the treatment of trichomoniasis the pharmaceutical industry in providing substances more than 90% effective in a single dose has done all that can be expected. Any further advances lie in the field of human behaviour rather than pharmaceutical research. In the treatment of non-specific genital infection the needs are more of research than of therapy. More knowledge is required of the cause of the condition and the relative role of contending pathogens, and of the results of treatment of patients and contacts in which Chlamydia or other suspect pathogens have been isolated.

2/AB/62 (Item 1 from file: 144)
DIALOG(R)File 144:Pascal

09593999 PASCAL No.: 91-0384442
Le thiamphenicol dans le traitement de patients de sexe masculin atteints d'uretrite a Chlamydia trachomatis
(Thiamphenicol in the treatment in male patients of urethritis caused by Chlamydia trachomatis)
SCHLAEPFER G; EICHMANN A; EUGSTER H P
Hop. univ., dep. dermato-venereologie, Zuerich 8091, Switzerland
Journal: Nouvelles dermatologiques (Les), 1990, 9 253-254
Language: French Summary Language: English
Three groups of 25 men with evidence, obtained by culture or directly, of urethritis caused by Chlamydia trachomatis were treated with thiamphenicol for 7, 9, or 10 days

2/AB/63 (Item 1 from file: 340)
DIALOG(R)File 340:CLAIMS(R)/US Patent

Dialog Acc No: 10356197 IFI Acc No: 2003-0100614 IFI Acc No: 2003-0028435
Document Type: C
USE OF THIAMPHENICOL AND DERIVATIVES THEREOF FOR THE PREPARATION OF PHARMACEUTICAL COMPOSITIONS USEFUL IN THE TREATMENT OF CHLAMYDIA PNEUMONIAE INFECTIONS
Inventors: Colombo Giovanni Battista (IT); Drago Lorenzo (IT); Gismondo Maria Rita (IT); Licciardello Luciano (IT); Ungheri Domenico (IT)
Assignee: Unassigned Or Assigned To Individual
Assignee Code: 68000
Publication (No,Date), Applic (No,Date):
US 20030100614 20030529 US 2001926738 20011211
Publication Kind: A1
PCT Pub(No,Date),Applic(No,Date): WO 01EP3709

20010402
Section 371: 20011211
Section 102(e):20011211
Priority Applic(No,Date): IT 2000776 20000411

Abstract: Use of thiamphenicol and derivatives thereof for the preparation of pharmaceutical compositions useful for the treatment Chlamydia pneumoniae infections is described.

2/AB/64 (Item 1 from file: 342)
DIALOG(R)File 342:Derwent Patents Citation Indx

04938060 WPI Acc No: 02-010842/01
Use of thiamphenicol and derivatives for the treatment of Chlamydia pneumoniae infections -
Patent Assignee: (ZAMB) ZAMBON GROUP SPA
Author (Inventor): COLOMBO G B; UNGHERI D; LICCIARDELLO L; GISMONDO M R; DRAGO L
Patent (basic)
Patent No Kind Date Examiner Field of Search
WO 200176585 A2 011018 (BASIC)
Derwent Week (Basic): 0201
Priority Data: IT 2000MI0776 (000411)
Applications: EP 2001940275 (010402); WO 2001EP3709 (010402); US 926738 (011211)
Designated States
(National): JP; US
(Regional): AL; AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LT; LU; LV; MC; MK; NL; PT; RO; SE; SI; TR
Derwent Class: B05
Int Pat Class: A61K-031/16; A61K-031/165; A61K-031/198
Number of Patents: 003
Number of Countries: 028
Number of Cited Patents: 001
Number of Cited Literature References: 002
Number of Citing Patents: 000

2/AB/65 (Item 1 from file: 345)
DIALOG(R)File 345:Inpadoc/Fam.& Legal Stat

17300703
Basic Patent (No,Kind,Date): IT 2000MI0776 A0 20000411 <No. of Patents: 006>
USO DEL TIAMFENICOLO E DI SUOI DERIVATI PER LA PREPARAZIONE DI COMPOSIZIONI FARMACEUTICHE UTILI PER IL TRATTAMENTO DI INFEZIONI DA CHLAMYDIA (Italian)
Patent Assignee: ZAMBON SPA (IT)
Author (Inventor): UNGHERI DOMENICO; LICCIARDELLO LUCIANO; COLOMBO GIOVANNI BATTISTA; GISMONDO MARIA RITA; DRAGO LORENZO
IPC: *A61K;
Language of Document: Italian
Patent Family:

Patent No	Kind	Date	Applic No	Kind	Date	
EP 1212049	A2	20020612	EP 2001940275	A	20010402	
IT 2000MI0776	A0	20000411	IT 2000MI776	A	20000411	(BASIC)
IT 2000MI0776	A1	20011011	IT 2000MI776	A	20000411	
US 20030100614	AA	20030529	US 926738	A	20011211	
WO 200176585	A2	20011018	WO 2001EP3709	A	20010402	

WO 200176585 A3 20020328 WO 2001EP3709 A 20010402
Priority Data (No,Kind,Date):
WO 2001EP3709 W 20010402
IT 2000MI776 A 20000411

2/AB/66 (Item 1 from file: 351)
DIALOG(R)File 351:Derwent WPI

014190145
WPI Acc No: 2002-010842/200201
XRAM Acc No: C02-002680
Use of thiamphenicol and derivatives for the treatment of Chlamydia pneumoniae infections
Patent Assignee: ZAMBON GROUP SPA (ZAMB); COLOMBO G B (COLO-I); DRAGO L (DRAG-I); GISMONDO M R (GISM-I); LICCIARDELLO L (LICC-I); UNGHERI D (UNGH-I)
Inventor: COLOMBO G B; DRAGO L; GISMONDO M R; LICCIARDELLO L; UNGHERI D
Number of Countries: 028 Number of Patents: 003
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200176585	A2	20011018	WO 2001EP3709	A	20010402	200201 B
EP 1212049	A2	20020612	EP 2001940275	A	20010402	200239
			WO 2001EP3709	A	20010402	
US 20030100614	A1	20030529	WO 2001EP3709	A	20010402	200337
			US 2001926738	A	20011211	

Priority Applications (No Type Date): IT 2000MI776 A 20000411
Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
WO 200176585	A2	E	7	A61K-031/165	
	Designated States (National): JP US				
	Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR				
EP 1212049	A2	E		A61K-031/165	Based on patent WO 200176585
	Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI TR				
US 20030100614	A1			A61K-031/198	

Abstract (Basic): WO 200176585 A2
Abstract (Basic):
NOVELTY - Use of thiamphenicol and derivatives (I) for the preparation of a composition useful for the treatment of Chlamydia pneumoniae infections.
ACTIVITY - Antibacterial. The minimum inhibitory concentrations of thiamphenicol and other antibiotics against strains of Chlamydia pneumoniae were evaluated. Results are as follows: thiamphenicol glycinate acetylcysteinate (0.03-0.25 mug/ml); Clarithromycin (0.03-0.25 mug/ml); Azithromycin (0.06-0.5 mug/ml); Amoxicillin (greater than 16 mug/ml); Doxycycline (0.06-0.25 mug/ml); Ciprofloxacin (0.5-2 mug/ml); Ceftriaxone (greater than 16 mug/ml); and tetracycline (0.06-0.5 mug/ml).
MECHANISM OF ACTION - None given.
USE - For the treatment of Chlamydia pneumoniae infections.
ADVANTAGE - The efficacy of thiamphenicol is comparable to, or better than other antibiotics tested.
pp; 7 DwgNo 0/0
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